



# Work Order (Bid Form)

## WORK ORDER INFORMATION

**Work Order Name:** WO/50005DE4018/1

**Work Order Type:** Weatherization

**Audit Name:** Audit (68)

## CLIENT INFORMATION

**Client Name:**

**Address:**

**Client ID:** 50005DE4018

, TN 38040

**Alt. Client ID:**

## AGENCY INFORMATION

**Agency:** 50005DE

**Agency Phone:** (901) 476-5226

**Address:** P. O. BOX 634, 915 HWY 51 SOUTH  
COVINGTON, TN 38019

**Fax:** (901) 476-5258

**Email Address:** gloria.v.williams@tn.gov

**Company Name & License Number:** \_\_\_\_\_

**Contractor's Signature:** \_\_\_\_\_

## COMMENT

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**Client Name:**

**Client ID:** 50005DE4018

**Alt. Client ID:**

### **Work Order (Bid Form)**

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**Report Run On:** 5/27/2010

**DOE Weatherization Assistant**

**Version 8.5.0**

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## Measures

### Measure 1 REPLACE HEATING UNIT OF CENTRAL HEAT/AIR UNIT

#### Components

Inspected

Comment

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
10	Unspecified	Misc Material	Each	1					

#### Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:

Sub Total:

Field Notes:

### Measure 2 Seal Ducts

#### Components

Inspected

Comment

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
10	Miscellaneous Supplies	Duct Sealing	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:

Sub Total:

Field Notes:

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Measure 3 Infiltration Redctn				Components				Inspected	
Comment									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
10	Miscellaneous Supplies	Infiltration Reduction	Each	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 4 DWH Pipe Insulation				Components				Inspected	
Comment									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	DHW Pipe Insulation	Each	1					
2	Labor	DHW Pipe Insulation	Each	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 5 DWH Tank Insulation				Components				Inspected	
Comment									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Hot Water Equipment	DHW Tank Insulation	Each	1					
2	Labor	DHW Tank Insulation	Each	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 6 Attic Ins. R-30				Components 1				Inspected	
Comment									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Attic Insulation - Blown Cellulose - R-30	SqFt	1782					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 7 CO Monitor is Needed				Components				Inspected	
Comment									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	CO monitor	Each	1					
2	Labor	Labor	Hour	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 8 Install Bathroom Exhaust Fan				Components				Inspected	
Comment									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Bathroom exhaust fan	Each	1					
2	Labor	Labor	Hour	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

**Measure 9 Smoke Detector is Needed****Components****Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Smoke detector	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other Detail**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Measure Sub Total:****Sub Total:****Field Notes:****Work Order Grand Total:****Grand Total:**

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